

# COMMUNITY FIREFIGHTERS FUNERAL BENEFIT FUND, INC

17555 Ashland Ave, Homewood, IL 60430

cffbf1@gmail.com

## APPLICATION FOR INDIVIDUAL MEMBERSHIP

Date Submitted: \_\_\_\_\_

To become an Individual Member in the Community Firefighters Funeral Benefit Fund, Inc, a member must have served on a member fire department and have paid assessments into the Fund for a minimum of 10 years.

**PLEASE PRINT**

Name \_\_\_\_\_ Department \_\_\_\_\_  
Address \_\_\_\_\_ Date Joined Dept \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Date Joined Fund \_\_\_\_\_  
Birthdate \_\_\_\_\_ Date Left Dept \_\_\_\_\_  
Email address: \_\_\_\_\_ Telephone \_\_\_\_\_

I, \_\_\_\_\_, was a former member of the \_\_\_\_\_ FD / FPD for \_\_\_\_\_ years, and having served, was a member of the Community Firefighters Association / Funeral Benefit Fund for \_\_\_\_\_ years. I therefore request that I be "Certified as an Individual Member" of the Community Firefighters Funeral Benefit Fund, Inc. I agree to keep up-to-date the contact information on file with the CFFBF, including my email address.

**SIGNED**

\_\_\_\_\_  
\_\_\_\_\_  
(Printed name)

Subscribed and sworn to before me:

Date: \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

**APPROVED**

\_\_\_\_\_  
**SECRETARY  
COMMUNITY FIREFIGHTERS FUNERAL BENEFIT FUND, INC**

Date: \_\_\_\_\_